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Roberto Roger Lorier
4 Ru Du Faisan
Harbourdin, 59320
France

In re Application of
LORIER, Roberto Roger
U.S. Application No.: 09/914,215
PCT No.: PCT/FR00/00134
Int. Filing Date: 25 February 2000
Priority Date: 25 February 1999
Attorney Docket No.: None
For: TOWABLE NAUTICAL DEVICE . . .

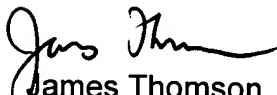
**DECISION ON
PETITION FOR REVIVAL
UNDER 37 CFR 1.137(b)**

Applicant's "Petition for Revival of an International Application for Patent Designating the U.S. Abandoned Unintentionally Under 37 CFR 1.137(b)" filed on 08 July 2002 in the above-captioned application is hereby **GRANTED** as follows:

The appropriate basic national fee and petition fee for a small entity have been paid. Applicant states that "[t]he entire delay in filing the required reply from the due date for the required reply until the filing of a grantable petition under 37 CFR 1.137(b) was unintentional" as required by 37 CFR 1.137(b)(3). A terminal disclaimer is not required. Accordingly, all requirements under 37 CFR 1.137(b) have been satisfied.

A signed oath or declaration has not yet been submitted. Accordingly, this application is being forwarded to the United States Designated/Elected Office for further processing including mailing a Notification of Missing Requirements (Form PCT/DO/EO/905) indicating that a declaration in compliance with 37 CFR 1.497(a) and (b) and a surcharge fee of \$65.00 pursuant to 37 CFR 1.492(e) is required. A check in the amount of \$65.00 or a new credit card authorization form will be required.

A review of the claims show that there are no additional charges for independent claims as is listed on the transmittal letter. Therefore, the total fees charged are the basic national fee of \$445 (Fee Code 971), petition fee of \$640 (Fee Code 241), and multiple dependent claim fee of \$140 (Fee Code 969). A blank declaration form (PTO/SB/01) to complete is attached to this decision for your convenience.


James Thomson
Attorney Advisor
PCT Legal Office

Tel.: (703) 308-6457

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock Number

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number OR ☐ Correspondence address below**Name****Address****City****State****ZIP****Country****Telephone****Fax**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any])**Family Name**
or Surname**Inventor's**
Signature**Date****Residence: City****State****Country****Citizenship****Mailing Address****City****State****ZIP****Country****NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any])**Family Name**
or Surname**Inventor's**
Signature**Date****Residence: City****State****Country****Citizenship****Mailing Address****City****State****ZIP****Country**☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.